

Bureau of Indian Affairs Office of Justice Services



Division of Operations Corrections Handbook

1st Edition



Effective: 01/01/2012

Revised:

BIA-Adult Detention Facility Guidelines December 2010:

BIA ADF-2A-13; 2A-14; 2A-16; 2A-17; 2A-18; 4B-01; 4C-09(M); 4C-10(M); 4D-11;

C. The booking officer shall ensure that an Arrestee Custody Receipt (appendix A) and, if medically needed, an Arrestee Medical Clearance Form (appendix B) is completed and provided for each arrestee prior to booking.

1. If an arrestee meets any of the issues as noted in section 6 on the "Arrestee Medical Clearance Form", they will not be booked into the facility until they have been medically screened and cleared by a medical health care provider or appropriate certified health care provider.

2. It is not imperative that all arrestees be medically screened prior to being accepted-booked into the facility, if they do not meet one of the issues noted in section 6. However, detention staff should use sound judgment for any other issues that may preclude an arrestee from being booked.

3. The Admission/Booking Officer will not admit/book any arrestee into the facility who has been deemed extremely intoxicated, without medical clearance. This determination will be based on the admission/booking officer's observation, preliminary breath test, intoxilyzer test, etc.

4. In the event there is a disagreement between the detention officer performing the booking, and the arresting officer, whether the arrestee requires a medical screening, a Detention Supervisor will be contacted to make the final decision.

D. All juveniles who are determined to be under the influence of any substance will require medical clearance.

E. The detention officer conducting the booking will review documentation, i.e., Writ document within Indian Country, active warrant, Court Order or any Court provided documents, arrest affidavits, mittimus orders, etc.

F. The detention officer will then verify the arrestee is the individual the police officer has presented, by comparing the arrestees personal identification, drivers license, ID card, SSN Card, or any other official form of identification available, to ensure the police officer's documentation is correct. When unable to make a positive identification, the arrestee will be booked using a generic name, e.g. John/Jane Doe. Detention staff will continue to attempt to make positive identification.

G. Once the above steps have been accomplished, detention staff will take possession of the arrestee

C2-20-03 BOOKING

A. Any arrestee/inmate displaying aggressive, hostile, or unusual behavior will remain secured, and handled in accordance with the Use of Force policy. Once the arrestee/inmate(s) behavior has subsided, and the on-duty supervisor approves the arrestee/inmates release from restraints; the booking process will be initiated/completed in accordance with policy.



BIA-OFFICE OF JUSTICE SERVICES
CORRECTION FORM



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Effective: 01/01/2012 Revised:
Corrections Form Category _____ Form # C2-20-B

CONFIDENTIAL

Arrestee Medical Clearance Form

(Appendix B)

1. NAME OF ARRESTEE:		DOB
2. ARRESTING OFFICERS NAME:		
3. FACILITY NAME:		
4. DATE:		5. TIME:
<input type="checkbox"/> Arrestee medically cleared prior to arrival at Detention Facility for reason(s) listed below.		
6. I/we have declined to accept the above named arrestee, pending medical clearance, for the following reason(s):		
<input type="checkbox"/> Unconscious	<input type="checkbox"/> Injured	<input type="checkbox"/> Bleeding
<input type="checkbox"/> Assault	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Fracture(s)
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Highly Intoxicated	<input type="checkbox"/> Involved in car accident
		<input type="checkbox"/> Sexual assault victim
		<input type="checkbox"/> Injured while being Arrested
		<input type="checkbox"/> Involved in a suicide attempt
PRINTED NAME/SIGNATURE OF DETENTION OFFICER:		DATE:
		TIME:

NAME OF HOSPITAL/CLINIC AND TELEPHONE NUMBER:	DATE:	TIME:

8. MEDICAL DIAGNOSIS

I have examined the arrestee to determine if he/she can safely be admitted to the detention facility, based on the above listed concerns/reasons. ☐ I find the arrestee acceptable for admission to the detention facility.

☐ I do not have any specific suggestions regarding the care of this arrestee for the condition(s) for which I have examined him/her.

☐ I have specific suggestions/treatment regarding the care of this arrestee for the condition for which I have examined him/her.

Medical health care provider's suggestions/treatment (attach additional instructions if necessary):

☐ I have examined the arrestee and find him/her medically **unacceptable** for admission to the detention facility.

Medical health care provider's remarks:

7. PRINTED NAME/SIGNATURE OF EXAMINING MEDICAL HEALTH CARE PROVIDER/HEALTH CARE PROVIDER:

9. Based on the medical health care provider's review and medical clearance, I accept the above named arrestee.

PRINTED NAME/SIGNATURE OF DETENTION OFFICER:	DATE:	TIME: